

# Kentucky Boxing and Wrestling Authority

## MMA SHOW NOTICE FORM

**NOTICE:** MMA events shall be reported to the Authority in writing at least thirty (30) days prior to the show.

Please complete and return this form to the Authority

**EVENT TYPE (Circle One):**      **Amateur**      **Pro/Am**      **Professional**

Promoter Name \_\_\_\_\_

Promotion Name \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Event Venue \_\_\_\_\_

Rental Agent \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Event \_\_\_\_\_ Time \_\_\_\_\_  
(month, day & year)

**MAIL TO:**              **Kentucky Boxing and Wrestling Authority**  
                             **P.O. Box 1360**  
                             **Frankfort, KY 40602**

**FAX TO:**              **502-696-3938**

**EMAIL TO:**         **angela.robertson@ky.gov**

***Incomplete show notice forms shall NOT be accepted. The Authority shall consider the show as an "ILLEGAL" event and the Promoter's license shall be subject to disciplinary action, including potential suspension or revocation.***

Promoter's Signature \_\_\_\_\_